

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

City Clerk's Office
Official Use Only
DEC 0 1 2014

RECEIVED

Please type or print in ink.			RECEIVE
NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
Polanski	Althea	1	L
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)		CONTROL OF THE CONTRO	
City of Milpitas			
Division, Board, Department, District, if applicable		Your Position	
		Councilmember	
▶ If filing for multiple positions, list below or on an	attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one	box)		
State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
☑ City of Milpitas		Other	
3. Type of Statement (Check at least one box	к)		
Annual: The period covered is January 1, 201 December 31, 2013.	3, through	Leaving Office: Date Left	2 , 02 , 2014
The period covered is	, through	The period covered is Janua leaving office.	ry 1, 2013, through the date of
Assuming Office: Date assumed/		The period covered is the date of leaving office.	, through
Candidate: Election year	. and office sought, if d	ifferent than Part 1:	
l. Schedule Summary			
Check applicable schedules or "None."	► Total :	number of pages including this	cover page: 3
Schedule A-1 - Investments - schedule attache			-
Schedule A-2 - Investments - schedule attache	T.	<ul> <li>Schedule C - Income, Loans, &amp; Busin</li> <li>Schedule D - Income - Gifts - schedule</li> </ul>	
Schedule B - Real Property - schedule attache	I.V.	Schedule E - Income - Gifts - Travel	
	-Or-	_ concease E - mcome - oms - maver	rayments – schedule attached
□ Nor	ne - No reportable interes	ts on any schedule	
i. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
455 E. Calaveras Blvd.	Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER	-	E-MAIL ADDRESS (OPTIONAL)	
( 408 ) 586-3024		apolanski@ci.milpitas.ca.gov	
I have used all reasonable diligence in preparing this herein and in any attached schedules is true and co	statement. I have review	ed this statement and to the best of my kr	nowledge the information contained
I certify under penalty of perjury under the laws	_	•	
Date Signed	Sig	nature althealok	anski
(month, day, year)	5	(File the originally signed states	nent with your filing official \

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Althea L Polanski	

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Metropolitan Education District	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
760 Hillsdale Avenue, San Jose CA 95136	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Senior Executive Assistant	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
_	
Other(Describe)	Other(Describe)
i i i	(550/55)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	OD
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI  * You are not required to report loans from some size.	
* You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of a
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:
You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  None
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  None
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE  TERM (Months/Years)  Whene Personal residence
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's streem in the streem
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)  —
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's streem in the streem
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's streem (Months/Years)  INTEREST RATE  Whone  SECURITY FOR LOAN  None  Personal residence  Real Property  Street address  City  Guarantor
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)  —
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial le retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's s:  INTEREST RATE TERM (Months/Years)

#### SCHEDULE D Income - Gifts



▶ NAME OF SOURCE (Not an		▶ NAME OF SOURCE	E (Not an Acro	nym)
	nications Commissioners			
ADDRESS (Business Address		ADDRESS (Busine	ss Address Acc	eptable)
455 E Calaveras Blvo				
BUSINESS ACTIVITY, IF ANY	, OF SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
Governmental				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S	S) DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10,20,14 \$ 49	99.00 <u>iPad</u>		\$	
\$			\$	
\$			\$	
NAME OF SOURCE (Not an	Acronym)	▶ NAME OF SOURCE	E (Not an Acroi	nym)
ADDRESS (Business Address	Acceptable)	ADDRESS (Busine	ss Address Acc	eptable)
BUSINESS ACTIVITY, IF ANY	, OF SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i></i> \$			\$	
\$	· · · · · · · · · · · · · · · · · · ·		\$	
\$			\$	
NAME OF SOURCE (Not an A	Acronym)	▶ NAME OF SOURC	E (Not an Acror	nym)
ADDRESS (Business Address	Acceptable)	ADDRESS (Busine	ss Address Acce	eptable)
BUSINESS ACTIVITY, IF ANY,	OF SOURCE	BUSINESS ACTIVI	TY, IF ANY, OF	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
\$			\$	-
\$			\$	
Comments:				

#### STATEMENT OF ECONOMIC INTERESTS City Clerk's Office **COVER PAGE**

DEC 0 2 2014~

Pleas	se type or print in ink.				DECEIVED
NAME	OF FILER (LAST)		(FIRST)	e de minigra e como en especial de la como de la granda de la granda de la granda de la granda de la como de l	(MIDDLE)
Gon	nez A	Armand	0		
1. 0	ffice, Agency, or Court				
Ā	gency Name (Do not use acronyms)		<del></del>		
C	Dity of Milpitas				
D	livision, Board, Department, District, if applicable	····	Your P	osition	
			Coun	ncilmember	
•	If filing for multiple positions, list below or on an attachment.	(Do not u	se acronyms)		
A	Agency:		Positio	on:	
2	Jurisdiction of Office (Check at least one box)				
Г	☐ State		☐ Juda	e or Court Commissioner (S	Statewide Jurisdiction)
	<del>-</del>		_	•	
	Multi-County				
•	City of Milpitas		Othe	·	
3. 7	Type of Statement (Check at least one box)				· · · · · · · · · · · · · · · · · · ·
	Annual: The period covered is January 1, 2013, through December 31, 2013.		Lea (Che	ving Office: Date Left	2 , 02 , 2014
	-or- The period covered is/	, through		The period covered is Janualeaving office.	ary 1, 2013, through the date of
	Assuming Office: Date assumed//			The period covered isthe date of leaving office.	, through
	Candidate: Election year and office	e sought,	if different than	Part 1:	
4 9	Schedule Summary				
	Check applicable schedules or "None."	► Tota	al number of	f pages including this	cover page:
г	Schedule A-1 - Investments – schedule attached		☐ Schedule	C - Income Loans & Busi	iness Positions – schedule attached
Ė	Schedule A-2 - Investments – schedule attached		<del></del>	D - Income - Gifts - sched	
Ē	Schedule B - Real Property – schedule attached				el Payments – schedule attached
	-01	r-			
	None - No repo	rtable inte	rests on any sci	hedule	
5. V	/erification				
	MAILING ADDRESS STREET Business or Agency Address Recommended - Public Document)	CITY	4	STATE	ZIP CODE
,		pitas		CA	e 95035
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRES		
(	408 ) 586-3031				
	have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I ac				knowledge the information contained
1	certify under penalty of perjury under the laws of the State	of Califo	ornia that the fo	oregoing is true and corre	ct.
r	Date Signed 12/02/2014		Signature	(he do	Mon
L	(month, day, year)		orginature	(File the originally signed stat	ement with your filing official.)

### SCHEDULE D Income - Gifts



Armando Gomez

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
California Apartment Association	Comcast
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1530 The Alameda, #100 San Jose, CA 95126	1900 10th St. San Jose, CA 95112
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Apartment Association	Cable Utility
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 , 01 , 14	05 , 01 , 14
	\$
► NAME OF SOURCE (Not an Acronym)  WalMart	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable) 850 Cherry Ave. San Bruno, CA 94066	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Retailer	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
08 , 28 , 14	\$
\$	/
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
\$	\$
	\$
Comments:	

Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City Clerk's Office

Official Use Only
DEC: 0 2 2014

RECEIVED

NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
Grilli		Marsha		·
1. Office, Agency, o	r Court			
Agency Name (Do not	use acronyms)			
City of Milpitas				
Division, Board, Departn	nent, District, if applicable	4.116	Your Position	The state of the s
City Council			Council member	
▶ If filing for multiple po	ositions, list below or on an atta	chment. (Do not use	acronyms)	
Agency:			_ Position:	
2. Jurisdiction of O	ffice (Check at least one box	d)		
☐ State	the (onesh at least one box	<del>,</del>	D hidea as Osint Osiniisia	(O1 ()
			☐ Judge or Court Commissioner	•
Milwitaa			County of	*****
City of Milpitas	A STATE OF THE STA		Other	
3. Type of Statemer	nt (Check at least one box)			
	d covered is January 1, 2013, th	rouah	Leaving Office: Date Left	, ,
December		·3··	(Check one)	
<b>-or-</b> The period December	d covered is/	, through	O The period covered is Janu leaving office.	uary 1, 2013, through the date of
Assuming Office:	Date assumed 12 02	2014	O The period covered is the date of leaving office.	, through
Candidate: Election	ı year a	and office sought, if o	different than Part 1:	
1. Schedule Summa	ITV			
Check applicable sched	<del>-</del>	► Total	number of pages including this	s cover page:
Schedule A-1 - Inve	stments - schedule attached	•	Schedule C - Income, Loans, & Bus	iness Positions – schedule attached
	stments - schedule attached		Schedule D - Income - Gifts - sche	
Schedule B - Real I	Property - schedule attached		Schedule E - Income - Gifts - Trave	
	☐ None -	<b>-or-</b> No reportable interes	ts on any schedule	
5. Verification		erre to a Silvery term of the constraints of the co		
MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address R 455 E. Calaveras E	ecommended - Public Document)			
DAYTIME TELEPHONE NUMBE		Milpitas	<b>ca ী</b> E-MAIL ADDRESS (OPTIONAL)	75 <b>0</b> 35
( 408 ) 649-6096			LINNIE ADDRESS (OF HONAL)	
I have used all reasonable		ment. I have review te. I acknowledge th	ed this statement and to the best of my l	knowledge the information contained
			a that the foregoing is true and corre	et.
Date Signed 12/02/20	14	<b>A.</b>	T/ Deco	dalhelo
Date Orginea	(month, day, year)	- Sig	nature(File the originally signed state	ment with your filing official

FPPC Form 700 (2013/2014)
FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

#### **SCHEDULE A-2**

#### Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
MARSHA GRILLI	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
preschool/daycare	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000/13	\$2,000 - \$10,000/
\$10,001 - \$100,000 ACQUIRED DISPOSED \$\int\ \text{\$100,001} - \text{\$1,000,000}\$	\$10,001 - \$100,000 ACQUIRED DISPOSED
Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship	NATURE OF INVESTMENT
Other	Partnership Sole Proprietorship ————————————————————————————————————
YOUR BUSINESS POSITION OWNER	VOUD BUILDINGS BOOKEON
	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,000 - \$100,000 ☐ OVER \$100,000	\$10,001 - \$100,000
\$1,001 - \$10,000	│
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
None	☐ None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT NEAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity if Investment	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000//_13/ 13
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
Leasehold Other	Leasehold Other
Yrs. remaining	Yrs. remaining
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	l are autoried
Commenter	FPPC Form 700 (2013/2014) Sch. A-2
Comments:	FPPC Advice Fmail: advice@fnnc.ca.gov

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

	FORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	CRILLI

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
MARSHA (GRILLI	Dennis Grilli
ADDRESS (Business Address, Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dreschool/daycare	retired
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
owner	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
OVER \$100,000	\$10,001 - \$100,000 VER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Real property, car, boat, etc.)	Sale of
(Real property, car, boat, etc.)	Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
	<b>                                     </b>
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	ROD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's s:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)
Comments:	

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

City Clerk's Office
Received
MAR - 3 TO 15

Please type or print in ink.

RECEIVED

AME OF FILER (LAST)		(FIRST)	(MIDDLE)
Montano		Carmen	<b>,,</b>
. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Milpitas		City Councilr	nember
Division, Board, Department, District, if applicable		Your Position	
City Council			
▶ If filing for multiple positions, list below or on an attac	chment. (Do not us	e acronyms)	
Agency:		Position:	
Jurisdiction of Office (Check at least one box	<i>(</i> )		
☐ State		☐ Judge or Court Commission	er (Statewide Jurisdiction)
Multi-County		County of	
☑ City of Milpitas		_	
Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2014, the	rough	Leaving Office: Date Left	
December 31, 2014.		(Check one)	
The period covered is/	, through	leaving office.	anuary 1, 2014, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office	e. , through
Candidate: Election year a	and office sought, if	different than Part 1:	
Schedule Summary			
Check applicable schedules or "None."	► Total	number of pages including t	this cover page:
Schedule A-1 - Investments – schedule attached	]		Business Positions – schedule attache
Schedule A-2 - Investments – schedule attached	[	Schedule D - Income - Gifts - so	
Schedule B - Real Property – schedule attached	· ·	Schedule E - Income - Gifts - Ti	avel Payments – schedule attached
None -	<b>-or-</b> No reportable intere	sts on any schedule	
Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
455 E Calaveras Blvd.	Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(408) 649-3282			
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple	ement. I have review te. I acknowledge t	wed this statement and to the best of r this is a public document.	ny knowledge the information containe
I certify under penalty of perjury under the laws of th	e State of Californ	ia that the foregoing is true and co	rrect.
Date Signed 2-28-2015		. Omino	Matasa
Date Signed (month, day, year)	_ Si	gnature	statement with your filing official.)

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Carmen Montano

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Plaza Community Center Inc.	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4018 City Terrace Drive	
CITY AND STATE	CITY AND STATE
Los Angeles CA 90063	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 03 / 27 / 14 - 03 / 28 / 14 AMT: \$ 200.00	DATE(S):/
TYPE OF PAYMENT: (must check one) ☐ Gift	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
✓ Other - Provide Description	Other - Provide Description
Travel Stipend upon return from Water Education for	
Latino Leaders conference in Sacramento	
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink.	REGEIVED
NAME OF FILER (LAST)	(FIRST) (MIDDLE)
Indihan Glordano	DBIA TO
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	
Division, Board, Department, District, if applicable	Your Position
City Council	Member
► If filing for multiple positions, list below or on an attachment. (Do	o not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
Sity of MICPITAS	Other
[2] Olly Ol	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2014, through	Leaving Office: Date Left/
December 31, 2014.	(Check one)
The period covered is/, the December 31, 2014.	rough O The period covered is January 1, 2014, through the date of leaving office.
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office so	ought, if different than Part 1:
I. Schedule Summary	
Check applicable schedules or "None."	Total number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-10-	
☐ None - No reportable	le interests on any schedule
. Verification	
MAILING ADDRESS STREET ( (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
455 E. CALMERS Blud	MICPITAS Ca 9935  E-MAIL ADDRESS  GISAdagod & AVC-CON
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
408) 586 - 3000	Gradanod (a Mic-con
I have used all reasonable diligence in preparing this statement. I have herein and in any attached schedules is true and complete. I acknow	ve reviewed this statement and to the best of my knowledge the information contained wledge this is a public document.
I certify under penalty of perjury under the laws of the State of	California that the foregoing is true and correct.
1/31/10	(DV)1 <b>K</b> -
Date Signed // // (month, day, year)	Signature  (File the originally signed statement with your filing official.)
(months only your)	y (i no are originally dignor distribution with your mining unitalist)

#### **SCHEDULE A-1** Investments

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	/ UU
FAIR POLITICAL PRACTICES CO	MMISSION
Name	
DOBRA J. Incho	2 Groston

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
AG Edward Machovia	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
A.C. Eduards Wachovia GENERAL DESCRIPTION OF THIS BUSINESS  ONE Almaden Blad #150, SAN	use
FAIR MARKET VALUE	FAIR MARKET VALUE
$\square$ \$2,000 - \$10,000 $\square$ \$10,001 - \$100,000 $95//3$	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	<u> </u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / <b>14</b> / / <b>14</b>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	• •
Comments:	

#### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA F	
Name DOSLA TV	Indibien (1) O Robins

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
MASAR BROKERS	
Name    ASPER BROKENS     Name   GRAND TEBON M -     Address (Business Address Acceptable)   MI PINS Ca 95035     Trust, go to 2   Business Entity, complete the box, then go to 2	Name  Address (Business Address Acceptable)  Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$50 - \$1,999  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITIONOWNER	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499       \$10,001 - \$100,000         \$500 - \$1,000       OVER \$100,000         \$1,001 - \$10,000              > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below  OLD Republic Title  Chicago Title	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:  INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000  \$10,001 - \$100,000  \$10,001 - \$1,000,000  ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

	CALIFORNIA FORM 700	
	FAIR POLITICAL PRACTICES COMMISSION	
	Name	ŧ
(	Dober J. Inliker Grok	leas

CITY	CITY
887-889 S-PANK VICTURIA DR  CITY  MI PIMS Co- 95035  FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$1,000,000     ACQUIRED   DISPOSED   Over \$1,000,000   NATURE OF INTEREST
Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499
\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
business on terms available to members of the public	without regard to your official status. Personal loans and
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of bus  NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  Whone  None
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————



#### STATEMENT OF ECONOMIC INTERESTS City Clerk's Office **COVER PAGE**

APR - 1 2015

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)		(FIRST)	
Ва	arbadillo	Garry		
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	City of Milpitas			
	Division, Board, Department, District, if applicable		Your Position	
	City Council		City Councilmember	
	▶ If filing for multiple positions, list below or on an attact	nment. <i>(Do not u</i>	use acronyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box,	)		
	☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)	
	Multi-County		County of	
	✓ City of Milpitas		Other	
_				
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2014, the December 31, 2014.	ough	Leaving Office: Date Left/(Check one)	
	The period covered is/	, through	<ul> <li>The period covered is January 1, 2014, through the date of leaving office.</li> </ul>	f
	Assuming Office: Date assumed 12 / 02 /	2014	The period covered is/, through the date of leaving office.	ጎ
	Candidate: Election year a	nd office sought,	if different than Part 1:	
4	Schedule Summary			
•	Check applicable schedules or "None."	► Tot	tal number of pages including this cover page:	=
	Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attac	
	Schedule A-2 - Investments – schedule attached		☐ Schedule D - Income - Gifts - schedule attached	
	Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attache	d
	□ None -	<b>-or-</b> No reportable inte	erests on any schedule	
		Денети		ti i sani sana
IJ,	Verification  MAILING ADDRESS STREET	CITY	STATE ZIP CODE	
	(Business or Agency Address Recommended - Public Document)			
	455 E Calaveras Blvd  DAYTIME TELEPHONE NUMBER	Milpitas	CA 95035	
	(408) FT -1784		garrybarbadillo co yours-con	
	herein and in any attached schedules is true and comple	te. I acknowledg		ained
	I certify under penalty of perjury under the laws of the	e State of Califo	ornia that the foregoing is true and correct.	
	Date Signed 3/3/15	_	Signature	
	(month, day, year)		(Fixe the viiginally signed statement with your filing official.)	

#### SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Garry Barbadillo	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Law office of GAMMY RAMBADILA	
Name 1578 OFTHE POWET OR, MILPITAS, CA	Name
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Law Praince	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$\int \text{S0} - \\$1,999 \\ \$\int \\$2,000 - \\$10,000 \\ \$\partial \partial \p	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION 6W NER	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000  \$1,001 - \$10,000	S500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
□ None or ☑ Names listed below	☐ None or ☐ Names listed below
DOMINGO MADRIAGA	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:  INVESTMENT REAL PROPERTY    Control   1	Check one box:    TINVESTMENT   REAL PROPERTY
INVESTMENT & REAL PROPERTY 1578 CENTRY 4. 1	75 <u> </u>
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
Leasehold Yrs. remaining Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Garry Barbadillo

	▶ 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
LAW OFFICE OF GHUM BAYLBAN 1110			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
ban Plactice 1578 CENTRE PLATE	A		
BUSINESS ACTIVITY, IF ANY, OF SOURCE MILPITAS, ON 95733	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
LAW PLACTICE			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
ATTORN EX/OWNER	, <u>, , , , , , , , , , , , , , , , , , </u>		
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED		
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
3 \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED		
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		
Sale of	Sale of		
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)		
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more		
(Describe)	(Describe)		
Other	Other		
(Describe)  ➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	(Describe)		
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's rs:		
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)		
	·		
	% None		
ADDRESS (Business Address Acceptable)	%		
ADDRESS (Business Address Acceptable)	% None		
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	%		
	% None		
BUSINESS ACTIVITY, IF ANY, OF LENDER			
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD			
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000			
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000			
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000			
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000			

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

City Overles Office
Received
Official Use On 2015

Please type or print in ink.

BECFIVED

ricase type or print at nice.	<u>REVERV</u>
NAME OF FILER  Esteves	(FIRST) (MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	3 C L
C1/9 9/11	hilpitas
Division, Board, Department, District, if applicable	Jour Position Dayor
▶ If filing for multiple positions, list below or on an attachment.	(Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
☐ State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
City of Brilgitas	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left//(Check one)
The period covered is/	, through OThe period covered is January 1, 2014, through the date of leaving office.
Assuming Office: Date assumed/	
Candidate: Election year and office	e sought, if different than Part 1:
4. Schedule Summary	¥5
Check applicable schedules or "None."	► Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached  Schedule D - Income – Gifts – schedule attached
<ul> <li>Schedule A-2 - Investments - schedule attached</li> <li>✓ Schedule B - Real Property - schedule attached</li> </ul>	Schedule E · Income – Gifts – Travel Payments – schedule attached
or	
5. Verification	ortable interests on any schedule
MAILING ADDRESS STREET	CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)	1 Milostar CA 95035
DAYTIME TELEPHONE NUMBER (408) 263/153	E-May L ADDRESS  Control Contr
4-01001100	I have reviewed this statement and to the best of my knowledge the information container cknowledge this is a public document.
i certify under penalty of perjury under the laws of the State	
Date Signed $3/23/15$	Signature of Signature
(month, day, year)	(File the originally signed statement with your filing official.)

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Love Esteves

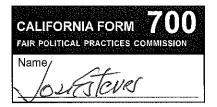
	A PARTICIPATION OF STREET ASSESSED.
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
188 /790 ADE/-IT.	604/606 Derryessa J.
CITY 1 /	CITY IN A
Thilketas	1 nilpitas
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000///	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater	SOURCES OF RENTAL INCOME: If you own a 10% or greater
interest, list the name of each tenant that is a single source of	interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
□ None	None v/
Lymandez tamela	Man Iran tanyly
1 2	111.
Myenza "	19019
* Valuers not required to report loops from commercial	lending institutions made in the lender's regular course of
husiness on terms available to members of the nublic	without regard to your official status. Personal loans and
loans received not in a lender's regular course of busi	
loans recorded from a fortunal or regular source of such	
NAME OF LENDER*	NAME OF LENDER*
lot Kantable	Not Keperlable
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
,	
DUCALEGE ACTIVITY IF ANY OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER	BOOMEGO ACTIVITI, SI ARTI, OF EETBER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
V L CONO	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$1,000 - \$1,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
L. Guarantor, is applicable	

#### SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Steves

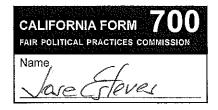
1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Vonctives K.E. Broker	Julan K. Theves
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
825 Canada IV., / h. / pot as CA 95035	825 (araka Dr. Mille) as (A 950
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Keal grate Lyles	Propuly I hahagement
YOUR BUSINESS POSITION OF THE STORE	YOUR BUSINESS POSITION / hanage
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 <b>☐</b> \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	▼ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	The second of th
Commission or Rental Income, jist each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
500 - Che((1)/E ()	See School (Describe)
Other Referral Services (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	IOD
retail installment or credit card transaction, made in the	Inding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to atus. Personal loans and loans received not in a lender's second.
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	
	SECURITY FOR LOAN  None Personal residence
	SECURITY FOR LOAN  None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN  None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	SECURITY FOR LOAN  None Personal residence  Real Property  Street address  City
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	SECURITY FOR LOAN  None Personal residence  Real Property  Street address
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	SECURITY FOR LOAN  None Personal residence  Real Property  Street address  City  Guarantor
BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000	SECURITY FOR LOAN  None Personal residence  Real Property  Street address  City

#### SCHEDULE D Income – Gifts



▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Actonym)
Jan Francisco 49CK	LISA Performing NOWS
ADDRESS (Eusiness Address Acceptable)	ADDRESS (Business Address Acceptable)
4949 Marie P. DeBartobly, South Chika	42307 Osgood Koad # 4 CAGY
BUSINESS ACTIVITY, IF ANY, OF SOURCE A 93034	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Ribbon Cutting Cenmony Team Gala	Perferming full
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
07, 17, 14 : 40, Food Loda	06,08,2014:100 - Concert ) terforime Au
07, A, 14 , 330/ Concert /7000	\$
	\$
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u> </u>	\$\$
	\$
► NAME OF SOURCE (Not an Acronym)	➤ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
	\$
Comments:	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 03,06,14 . 03,08,14 AMT: \$ 200	DATE(S)://
TYPE OF PAYMENT: (must check one) 🗖 Gift 🔲 Income	TYPE OF PAYMENT: (must check one)  Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Attended Water Education polatino	
Leaders Geninar - travelStpund	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift   Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	
Comments.	

#### STATEMENT OF ECONOMIC INTERESTS City Clerk's Th Date Initial Filing **COVER PAGE**

MAR 2 7 2015

Please type or print in ink. NAME OF FILER (LAST) (FIRST) Demetress Morris 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Commissioner Planning Commission ▶ If filling for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ Position: 2. Jurisdiction of Office (Check at least one box) Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of ☐ Multi-County \_\_ ✓ City of Milpitas 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_\_ Annual: The period covered is January 1, 2014, through (Check one) December 31, 2014. -or-O The period covered is January 1, 2014, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2014, O The period covered is \_\_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_/\_\_\_/ the date of leaving office. Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_ 4. Schedule Summary ▶ Total number of pages including this cover page: \_\_\_\_\_ Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -ar-None - No reportable interests on any schedule 5. Verification ZIP CODE STATE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) 95035 CA 455 E Calaveras Blvd Milpitas DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature 1 (File the originally signed statement with your filing official.)

## STATEMENT OF ECONOMIC INTEREST Clerk'S Office nitial Filing Received Official Use Only

**COVER PAGE** 

FEB 1 ? 2015

RECEIVED Please type or print in ink. NAME OF FILER (FIRST) (LAST) SINGH Sandhu Gurdev 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ... 2. Jurisdiction of Office (Check at least one box) ☐ State Judge or Court Commissioner (Statewide Jurisdiction) County of \_\_\_\_\_ Multi-County \_ City of Milpitas 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through Leaving Office: Date Left \_\_\_\_/\_\_\_\_ December 31, 2014. (Check one) -or- The period covered is January 1, 2014, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2014. O The period covered is \_\_\_\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_\_ the date of leaving office. Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_ 4. Schedule Summary ► Total number of pages including this cover page: \_ Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -01-None - No reportable interests on any schedule 5. Verification MAILING ADDRESS STREET STATE ZIP CODE CITY (Business or Agency Address Recommended - Public Document) 455 E Calaveras Blvd Milpitas CA 95035 DAYTIME TELEPHONE NUMBER 75. Sandhu@ Rotmail, COM (40F) 586-9556 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature. (File the originally signed statement with your filing official.)

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFO	RNIA FORM	<b>70</b>	0
FAIR POLITIC	CAL PRACTICES CO	MMISSIC	N :
Name	Sandh	и	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Pockwell Collins & 55 Income	
ADDRESS (Business Address Acceptable) 487 Bayview Park Dr. Mepitas (A993)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Retieree	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED  \$500 - \$1,000  \$1,001 - \$10,000	GROSS INCOME RECEIVED  \$500 - \$1,000 \$1,001 - \$10,000
S \$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Control Other Co
(Describe)	(Describe)
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to itus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
Bank of America	2.49% None Adjustable
ADDRESS (Business Address Acceptable)	OF OUR PROPERTY SORE LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN  None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property Street address
\$500 - \$1,000	Au
\$1,001 - \$10,000	City
X \$10,001 - \$100,000	Guarantor
OVER \$100,000	Other (Describe)
Comments:	

#### Date Initial Filing STATEMENT OF ECONOMIC INTERPETIBLES Office Received Official Use Only

**COVER PAGE** FEB I 7 2015

Please type or print in ink.		
NAME OF FILER (LAST)		(FIRST) (FIRST)
Lien	Hon	
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
City of Milpitas		
Division, Board, Department, District, if applicable		Your Position
Planning Commission		Commissioner
▶ If filling for multiple positions, list below or on an att	achment. (Do not us	se acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one b	ox)	
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
Milnitaa		•
City of Windias		Other
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2014, December 31, 2014.	through	Leaving Office: Date Left
The period covered is/	, through	<ul> <li>The period covered is January 1, 2014, through the date of leaving office.</li> </ul>
Assuming Office: Date assumed/	' <u> </u>	The period covered is, through the date of leaving office.
Candidate: Election year	and office sought, if	f different than Part 1:
4. Schedule Summary		
Check applicable schedules or "None."	► Tota	I number of pages including this cover page:
Schedule A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
	-or-	_ ,
None	- No reportable inter	rests on any schedule
5. Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE ZIP CODE
455 E Calaveras Blvd	Milpitas	CA 95035
DAYTIME TELEPHONE NUMBER	·····pitao	E-MAIL ADDRESS
( )		
I have used all reasonable diligence in preparing this st herein and in any attached schedules is true and comp		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury under the laws of	_	
Det Since 0.2/11/15		11000000
Date Signed Odf 1/3	8	Signature (File the originally signed statement with your filing official.)

#### STATEMENT OF ECONOMIC INTERESTS City Clerk's Office Date Initial Filing **COVER PAGE**

Please type or print in ink.

MAR - 6 2015

NAME OF FILER	, (LAST)		(FIRST)	RECEDED
	Lik		-John	Hing Was
1. Office, Agency, o	r Court			· ·
Agency Name (Do not City of Milpitas	use acronyms)			
Division, Board, Departr	ment, District, if applicable		Your Position	Lanning Commission
► If filing for multiple p	ositions, list below or on an attac	chment. (Do not u		<b>A</b>
Agency:		<u>,</u>	Position:	
2. Jurisdiction of C	Office (Check at least one box	1)		
State			☐ Judge or Court Commi	missioner (Statewide Jurisdiction)
Multi-County	Milmlea		County of	
☑ City of Milpitas	MILMILA		Other	
3. Type of Stateme	nt (Check at least one box)			3 34 6
	d covered is January 1, 2014, th	rough	Leaving Office: Date (Check one)	te Left 12, 31, 2014 ·
-O <b>r-</b>	r 31, 2014. d covered is/	through	, ,	red is January 1, 2014, through the date of
	r 31, 2014.	unough	leaving office.	·
Assuming Office:	Date assumed	······································	<ul> <li>The period covere the date of leaving</li> </ul>	red is, through any office.
Candidate: Election	on year a	and office sought,	f different than Part 1:	
4. Schedule Summa	•	- Tot	ol number of pages includ	ding this cover page:
• • •	schedules or "None."	<b>&gt;</b> 1018	. /	
******	restments – schedule attached restments – schedule attached		Schedule D - Income, Loan	ans, & Business Positions – schedule attached iffs – schedule attached
	Property – schedule attached			ifts - Travel Payments - schedule attached
	□ No	-Or-	rests on any schedule	
F V-ifi-ti-	Notte -	туо теропаше тте.	ests on any schedule	
5. Verification  MAILING ADDRESS	STREET	CITY	S	STATE ZIP CODE
(Business or Agency Address 455 E Calaveras	Recommended - Public Document)	Milpitas	C.A	CA 95035
DAYTIME TELEPHONE NUME	BER	mpredo	E-MAIL ADDRESS	
, , , , , ,	1888.			
I have used all reasonat herein and in any attach	ole diligence in preparing this stat hed schedules is true and comple	ement. I have rev ete. I acknowledg	ewed this statement and to the be a this is a public document.	pest of my knowledge the information contained
I certify under penalty	of perjury under the laws of the	he State of Califo	rnia that the foregoing is true a	and correct.
W	laich 6 2014.		Simoton Man	min
Date Signed	(month, day, year)	_	Signature(File the original	## If the signed statement with your filing official.)

#### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FAIR POLITICAL PR	FORM 700 ACTICES COMMISSION
Name John	Luk

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME  Commercial Real Estate	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)  1455 McCarly Blue Milpila	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE VEAL ESTAIS.	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION . Managing Director	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership, For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)
retail installment or credit card transaction, made in the	nding institutions, or any indebtedness created as part of a lender's regular course of business on terms available to tus. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Rusinana Address Association)	% None
ADDRESS (Business Address Acceptable)	
	OFFILE STATE OF THE STATE OF TH
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN    None   Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	None Personal residence
	None Personal residence  Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	None Personal residence  Real Property  Street address  City
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	None Personal residence  Real Property
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	None Personal residence  Real Property  Street address  City
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	None Personal residence  Real Property  Street address  City  Other
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	None Personal residence  Real Property  Street address  City  Guarantor
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	None Personal residence  Real Property  Street address  City  Other



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

CITY CLERKS Office

MAR 2 7 2015

Please type or print in ink. NAME OF FILER (FIRST) (LAST) Ciardella Lawrence 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Milpitas Division, Board, Department, District, if applicable Your Position Planning Commission Commissioner ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State County of \_\_\_\_\_ Multi-County \_ ✓ City of Milpitas 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_\_ Annual: The period covered is January 1, 2014, through December 31, 2014. (Check one) -or-O The period covered is January 1, 2014, through the date of The period covered is \_\_\_\_\_\_, through leaving office. December 31, 2014. ○ The period covered is \_\_\_\_/\_\_\_, through Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ the date of leaving office. Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary ► Total number of pages including this cover page: \_\_\_ Check applicable schedules or "None." Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached None - No reportable interests on any schedule 5. Verification STATE ZIP CODE MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document) CA 95035 455 E Calaveras Blvd Milpitas DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date Signed ...

NAME OF FILER

# STATEMENT OF ECONOMIC INTERESTS City Clerk's Office

(FIRST)

Date Initial Filing

FEB 1 8 2015

**COVER PAGE** Please type or print in ink.

(LAST)

DEC MODEN E D

Mandal	Sudhir			UP A B
1. Office, Agency, or Court	jei s			
Agency Name (Do not use acronyms)				
City of Milpitas				
Division, Board, Department, District, if applicable		Your Position		
Planning Commission		Commission	er	AND THE STREET, STREET
▶ If filing for multiple positions, list below or on an attachr	nent. (Do not use	acronyms)		
Agency:		_ Position:		
2. Jurisdiction of Office (Check at least one box)				
☐ State		☐ Judge or Court	Commissioner (S	tatewide Jurisdiction)
Multi-County		County of		
☑ City of Milpitas		Other		
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2014, throud December 31, 2014.	ıgh	Leaving Office (Check one)	e: Date Left	
The period covered is//	, through	<ul><li>The period leaving office</li></ul>		ry 1, 2014, through the date of
Assuming Office: Date assumed//			covered is	_/, through
Candidate: Election year and	I office sought, if	different than Part 1:		
4. Schedule Summary				
Check applicable schedules or "None."	➤ Total	number of pages i	including this	cover page:
Schedule A-1 - Investments - schedule attached		Schedule C - Incom	e, Loans, & Busin	ess Positions – schedule attached
Schedule A-2 - Investments - schedule attached		Schedule D - Incom	e – Gifts – schedi	ule attached
Schedule B - Real Property – schedule attached		Schedule E - Incom	e – Gifts – Travel	Payments - schedule attached
None - No	-Or-	sts on any schedule		
5. Verification	Topondolo microc	sto on any senerale		
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
455 E Calaveras Blvd DAYTIME TELEPHONE NUMBER	Milpitas	E-MAIL ADDRESS	CA	95035
(408)464-2538		E-MAIL ADDIVEO		
I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete				nowledge the information contained
I certify under penalty of perjury under the laws of the	-	-		t.
Date Signed 2 - 12 - 245				
Date Signed 2 12-215 (month, day, year)	Sig	gnature(File the	he originally signed states	nent with your filing official.)

#### **SCHEDULE A-2**

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
SUDHIRK MANDAL

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
MANDAL SYSTEMS CONSULTING	
	Name
790 KEVENAINE DR: Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$ 5 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000/14
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Partnership Sole Proprietorship Other	Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
NCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST
INVESTMENT REAL PROPERTY	Check one box:    INVESTMENT   REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$\times 2,000 - \$10,000\$	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000/14	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:\_

#### **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
SUDHIRK MANDAL

1227 7 8	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1327 DANIEL CT.	
CITY	CITY
MILPITAS	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	<u> </u>
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED   \$1,001 - \$10,000   \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source or income of \$10,000 or more.  None
GEORGE BULDA	
	ending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:    NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of busin NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

#### City Clerk's Office. STATEMENT OF ECONOMIC INTERESTS

FEB 2 6 Received

#### **COVER PAGE**

RECEIVED

Please type or print in ink.		87	IEVEIVED
NAME OF FILER (LAST)		(FIRST)	(MIDDLE)
Ogaz	Michael		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Milpitas			
Division, Board, Department, District, if applicable		Your Position	
City Attorney's Office		City Attorney	
▶ If filing for multiple positions, list below or on an attact	hment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at least one box)	)		
State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)
Multi-County		County of	
✓ City of Milpitas		Other	
(C) Oily Oil			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2014, the December 31, 2014.	rough	Leaving Office: Date Left	
The period covered is//	, through	<ul> <li>The period covered is Janua leaving office.</li> </ul>	ry 1, 2014, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	_/, through
Candidate: Election year a	and office sought, if d	different than Part 1:	
4. Schedule Summary			
Check applicable schedules or "None."	► Total	number of pages including this	cover page:
Schedule A-1 - Investments - schedule attached	Г	Schedule C - Income, Loans, & Busin	ess Positions – schedule attached
Schedule A-2 - Investments – schedule attached	<u> </u>	Schedule D - Income - Gifts - sched	
Schedule B - Real Property - schedule attached		☐ Schedule E - Income – Gifts – Travel	
	-or-		
✓ None - I	No reportable interes	ats on any schedule	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE
455 E. Calaveras Blvd	Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
(408) 586-3040			
I have used all reasonable diligence in preparing this state herein and in any attached schedules is true and comple			nowledge the information contained
I certify under penalty of perjury under the laws of the	ne State of Californi	ia that the foregoing is true and correc	t.
Date Signed <u>Xelveursy</u> 26, 2	0/5 sig	gnature (File the diginally signed state)	ment with your filing official.)

## STATEMENT OF ECONOMIC INTERESTS CIERK'S Office Filing Received

#### **COVER PAGE**

Please type or print in ink.			ECENVED
NAME OF FILER (LAS	it)	(FIRST)	(MIDDLE)
Williams	Tom		
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
City of Milpitas			
Division, Board, Department, District, if app	licable	Your Position	
City Manager's Office		City Manager	
► If filing for multiple positions, list below of	or on an attachment. (Do not use	e acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at I	east one box)		
State		☐ Judge or Court Commissioner (S	Statewide Jurisdiction)
Multi-County		County of	
☑ City of Milpitas		Other	
3. Type of Statement (Check at least	l one box)		
Annual: The period covered is Janua December 31, 2014.	ry 1, 2014, through	Leaving Office: Date Left (Check one)	
The period covered is December 31, 2014.	J, through	<ul> <li>The period covered is Janua leaving office.</li> </ul>	ary 1, 2014, through the date of
Assuming Office: Date assumed		The period covered is the date of leaving office.	/
		different than Part 1:	
4. Schedule Summary			ે ત
Check applicable schedules or "	None." ▶ Total	number of pages including this	cover page:
Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans, & Busi	ness Positions – schedule attached
Schedule A-2 - Investments – schedu	le attached	Schedule D - Income - Gifts - sched	
Schedule B - Real Property - schedu	le attached	Schedule E - Income – Gifts – Trave	I Payments – schedule attached
	-or- None - No reportable interes	ests on any schedule	
5. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public	CITY CITY	STATE	ZIP CODE
455 E. Calaveras Blvd	Milpitas	CA	95035
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
( )			<i>*</i>
I have used all reasonable diligence in prepherein and in any attached schedules is true			knowledge the information contained
I certify under penalty of perjury under	the laws of the State of Califor	nia that the foregoing is true fift corre	ct.
Date Signed 3/5//5 (month, day, year)		ignature (File the originally signed state	ement with your filing official.)